



Arizona Address Confidentiality Program

Office of the Secretary of State – Ken Bennett



***Emergency Request of Disclosure of Authorized Use**

Only a court, clerk of the court, criminal justice official or agency or probation department may seek an emergency disclosure of an ACP participant's confidential address related to a criminal proceeding, investigation or other court proceedings. Agencies who are in need of an ACP participant's confidential address for authorized purposes may submit an Emergency Request of Disclosure of Authorized Use to the Director of ACP or her designee Monday-Friday, 8:00am-5:00pm. In cases of an immediate emergency, the Director of ACP will be available to the above mentioned agencies on a 24 hour basis.

ACP will determine whether or not to grant the release based on the requesting agency's statutory and/or administrative obligation for the address and the criteria included in the adopted procedures provided. The Director of ACP or her designee will expedite the Emergency Requests it receives.

In order for ACP to fulfill the request, please complete the following steps:

- 1) **Call the ACP Government Agency telephone number at (602) 542-1892** to verify the participant is still enrolled in the Address Confidentiality Program. ACP does not maintain forwarding addresses of participants who have been cancelled or withdrawn from the program.
 - a. If participant is still enrolled in the program, continue with the next steps.
- 2) **On your agency letterhead, in writing please answer the following information and statements:**
 - a. ACP participant name (and ACP apartment number if known);
 - b. Date of Request;
 - c. Provide a statement explaining the reasons your agency needs the ACP participant's confidential actual address;
 - d. Why your agency cannot meet its statutory or administrative obligations without the disclosure from the Director of ACP;
 - e. Provide a statement of facts showing how your agency has attempted other methods to locate the ACP participant or the ACP participant's address **OR** why they believe other methods reasonably appear to be unlikely to succeed;



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- f. Provide a statement of your agency's adopted procedures that will protect the confidential address of the participant;
 - g. Anticipated length of time your agency will need to maintain the confidential, actual address, and;
 - h. Printed names, titles, and contact phone numbers of both the person seeking the disclosure request and their immediate or acting supervisor **and** the signature of each person. *(If law enforcement is requesting the disclosure ,badge numbers will need to be included)*
- 3) **Submit an Emergency Disclosure of Participant Information Form** along with your agency letterhead statement of request.
- 4) **You may either fax or scan and email** your signed, completed Request of Disclosure to the Director of the Address Confidentiality Program at (602) 542-3251 or acpinfo@azsos.gov.

Address Confidentiality Program Adopted Procedures Criteria

Pursuant to ARS §41-167(H)1-4 a state or local government entity whose request of disclosure is granted shall have adopted procedures of how the agency will protect the ACP participant's confidential, actual address or telephone number once it has been disclosed by ACP. Agency adopted procedures must be included in the request of disclosure statement or attached separately to the request.

The following are the criteria to assist agencies in their development of adopted procedures:

- 1) How will your agency limit use of ACP participant's actual address outside of intended use in request of disclosure statement?
- 2) How will your agency limit access of the actual address, to those outside of intended purpose stated in request of disclosure statement?
- 3) How will your agency cease to use and dispose of ACP participants actual address once expired and/ or is no longer needed?
- 4) What other ways will your agency maintain the confidential, actual address outside of what was mentioned above?